

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1067 Death and Fetal Death Registration
SPONSOR(S): Health & Human Services Quality Subcommittee; Mayfield
TIED BILLS: **IDEN./SIM. BILLS:** SB 1544

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Quality Subcommittee	11 Y, 0 N, As CS	Batchelor	Calamas
2) Health & Human Services Committee		Batchelor	Gormley

SUMMARY ANALYSIS

CS/HB 1067 amends s. 382.008, F.S. relating to death and fetal death registration. The bill provides that Physician's Assistants (PA's) and Advanced Nurse Practitioners (ARNP's) have authority to:

- File a certificate of death or fetal death;
- Provide and complete the medical certification of death, under the supervision of a physician and with written or verbal authorization;
- Provide medical or health information regarding a fetal death.

The bill provides an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Death Rates in Florida

In 2009, there were 169,854 Florida resident deaths. This is a 0.4 percent decrease from 2008.¹ The number of Florida resident fetal deaths (stillbirths occurring at 20 or more weeks of gestation)² decreased from 1,688 in 2008 to 1,569 in 2009. The ratio of resident fetal deaths to resident live births also decreased from 7.3 per 1,000 live births to 7.1 per 1,000 live births during the same time period.³

Heart disease was the leading cause of death of adults in 2009, accounting for 24.3 percent of all deaths.⁴ Malignant neoplasm (cancer) was the second leading cause of death in 2009, accounting for almost 24.0 percent of all deaths. Cancer was the leading cause of death for individuals aged 45-84 accounting for 45.4 percent of the total deaths in this age group.⁵ In 2009, the major external causes of death (unintentional injury, suicide, and homicide) accounted for 7.5 percent of all resident deaths.⁶

In Florida, the top four leading causes of resident infant deaths in 2009 were: perinatal period conditions, congenital malformations, unintentional Injuries (accidents), and Sudden Infant Death Syndrome (SIDS). These causes accounted for 82.4 percent of all resident infant deaths.⁷

Office of Vital Statistics

The Florida Vital Statistics Act⁸ authorizes the Department of Health to establish an Office of Vital Statistics, which is responsible for the uniform and efficient registration, compilation, storage, and preservation of all vital records⁹ in Florida, including births and fetal deaths.¹⁰ It also permits the Department of Health to appoint a state registrar of vital statistics for each registration district in the state.¹¹

Death and Fetal Death Certificates

A dead body is defined as a human body or such parts of a human body from the condition of which it reasonably may be concluded that death recently occurred.¹² A fetal death is defined as death prior to the complete expulsion or extraction of a product of human conception from its mother if the 20th week of gestation has been reached and the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.¹³

¹ Florida Department of Health, Florida Vital Statistics Standard Report, 2009 Annual Report, *available at*: <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx> (last viewed March 18, 2011).

² S.382.002(14), F.S.

³ *See supra*, note 1.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ Ch. 382, F.S.

⁹ Vital records are certificates or reports of birth, death, fetal death, marriage, dissolution of marriage, or name change.

¹⁰ S.382.003, F.S.

¹¹ S.382.003(5), F.S.

¹² S.382.002(3), F.S.

¹³ S.382.002(6), F.S.

Section 382.008, F.S, sets forth the requirements for certificates of death and fetal death. A certificate for death and fetal death is required to be filed within 5 days of the death and prior to final disposition¹⁴ with the local registrar of the district in which the death occurred so the death may be recorded.¹⁵

A death certificate must include the decedent's social security number, if available, and aliases or "also known as" names of a decedent in addition to the decedent's name of record.¹⁶

If the place of death is unknown, the death will be registered in the registration district in which the dead body or fetus is found within 5 days after such occurrence; and if the death occurs in a moving conveyance, the death will be registered in the registration district in which the dead body was first removed from the conveyance.

Current law provides that the funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician or other person in attendance at or after the death shall file the certificate of death or fetal death.¹⁷

Physicians or Medical Examiners are responsible for furnishing the medical certification of death. For fetal deaths a physician, midwife or hospital administrator shall provide medical and health information to the funeral director within 72 hours of expulsion or extraction.¹⁸ The physician must within 72 hours after receipt of a death or fetal death, certify the cause of death and make it available to the funeral director. The medical certification is completed by the physician in charge of the decedent's care for the illness or condition which resulted in death, the physician in attendance at the time of death or fetal death or immediately before or after such death or fetal death, or the medical examiner if the provisions of s. 382.011, F.S. apply.¹⁹

If a funeral director needs an extension of time, the local registrar may grant the extension of time if:²⁰

- An autopsy is pending;
- Toxicology, laboratory, or other diagnostic reports have not been completed; or
- The identity of the decedent is unknown and further investigation or identification is required.

If an extension is granted the funeral director is responsible for filing a temporary certificate of death or fetal death containing all available information, including the fact that the cause of death is pending and the estimated date for completion of the permanent certificate, per the physician or medical examiner.²¹

Determining Cause of Death

The underlying cause of death is determined from death certificate medical information in accordance with procedures established by the World Health Organization (WHO) and the National Center for Health Statistics (NCHS). The NCHS serves as the WHO Collaborating Center for the Family of International Classifications for North America, and in this capacity is responsible for coordination of all official disease classification activities in the United States relating to the International Classification of Diseases (ICD) and its use, interpretation, and periodic revision.²² To keep abreast of changes in

¹⁴ Final disposition is the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or a fetus. In the case of cremation, dispersion of ashes or cremation residue is considered to occur after final disposition; the cremation itself is considered final disposition.

¹⁵ S.382.008(1), F.S.

¹⁶ S.382.008(1), F.S.

¹⁷ S.382.008(2)(a), F.S.

¹⁸ *Id.*

¹⁹ S.382.008(3), F.S.

²⁰ S.382.008(3)(a), F.S.

²¹ S.382.008(4), F.S.

²² Centers for Disease Control & Prevention, National Center for Health Statistics, Classification of Diseases, Functioning, and Disability, available at: <http://www.cdc.gov/nchs/icd/icd10cm.htm> (last viewed March 18, 2011).

medical knowledge, the ICD is revised approximately every 10 to 15 years.²³ The ICD-10, or 10th edition, is the 2011 update of the ICD. The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999.²⁴

Current law provides that only physicians can certify cause of death.²⁵ The Department of Health (DOH) publishes a Vital Records Registration Handbook, outlining physician responsibilities in death registration.²⁶ Physicians must:

- Attest the facts of death as they relate to date place and time of death;
- Complete the medical certification section of the death certificate, attesting to the cause of death to the best of their knowledge or belief;
- Complete, sign and make the medical certification available to the funeral director/direct disposer within 72 hours after receipt of the record.

Physicians are required to have knowledge of state statutes and the physician handbook regarding medical certifications of death. DOH offers an online tutorial on how to complete a Florida death record.²⁷

Current Florida law does not allow physicians assistants or nurses to certify a cause of death. Currently, at least 5 other states²⁸ provide physicians assistants and advanced registered nurse practitioners with the authority to pronounce death and to certify and sign a death certificate.

Effect of Proposed Changes

The bill amends s. 382.008, F.S., to allow PA's and ARNP's to file a certificate of death or fetal death in the absence of a funeral director and to provide any medical or health information to the funeral director within 72 hours of expulsion or extraction.

Additionally, the bill provides that PA's and ARNP's can certify the cause of death under the supervision of a physician and with either written or verbal authorization

B. SECTION DIRECTORY:

Section 1: Amends s. 382.008, F.S., relating to death and fetal death registration.

Section 2: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

²³ Florida Department of Health, Florida Vital Statistics Standard Report, 2009 Annual Report, *available at*: <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx> (last viewed March 18, 2011).

²⁴ Centers for Disease Control & Prevention, National Center for Health Statistics, Classification of Diseases, Functioning, and Disability, *available at*: <http://www.cdc.gov/nchs/icd/icd10cm.htm> (last viewed March 18, 2011).

²⁵ S.382.008, F.S.

²⁶ Vital Records Registration Handbook, Death Edition, December 2009, Department of Health (on file with sub-committee staff).

²⁷ *Id.*

²⁸ Conn.Gen.Stat. s 7-62b (2011) (Connecticut), Idaho Code Ann.s.39-620 (2011) (Idaho),

Me.Rev.Stat.Ann.tit.22,s 2842 (2011) (Maine), Md.Code Ann., [Certificates of death; notice to medical examiner] s 4-212 (2011) (Maryland), S.D. Codified Laws s. 34-25-18 (2011) (South Dakota).

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 22, 2011, the Health and Human Services Quality Subcommittee adopted a strike-all amendment to House Bill 1067.

The amendment provides that a physician's assistant or advanced nurse practitioner can file a certificate of death or fetal death and that under the supervision of a physician they may also complete a medical certification of death.

This bill was reported favorably as a Committee Substitute. This analysis reflects the Committee Substitute.